

Veterinary Checklist for Rescue/Retirement Facilities

(Adapted from the Thoroughbred Adoption and Retirement Association's (TARA)

"Vet Check for Thoroughbred Adoption & Retirement Sites.")

Note: This checklist is provided as a sample for use by a veterinarian when evaluating the facilities available at an individual rescue or retirement.

Scoring System for Checklist:

Excellent – 5

Good – 4

Adequate – 3

Fair – 2

Inadequate – 1

Add specific comments as needed.

Name of Facility: _____

Address: _____

Primary Contact: _____

Telephone: _____ Fax: _____

I. Horses

Number at facility: _____ Maximum capacity: _____

Overall appearance and health: _____

II. Preventative Care and Basic Health Management

____ Parasite Control Program _____

___ Vaccination Program _____

___ Dental Care _____

___ Emergency First Aid Kit _____

___ Health Records System _____

___ Injury Protocol _____

III. Feed Program

___ Hay _____

___ Pasture _____

___ Grain _____

___ Supplements _____

___ Storage of Hay, Grain & Supplements _____

___ Free Access to Hay _____

IV. Water

Indoor water supply: ___ Buckets ___ Automatic Waterers

___ Availability _____

___ Cleanliness _____

Outdoor water supply: ___ Tanks ___ Automatic Waterers ___ Naturally Occurring

___ Availability _____

___ Cleanliness _____

Please list all indoor/outdoor water sources:

V. Pastures and Paddocks

___ Cleanliness _____

___ Available for Turnout _____

___ Access to Feed and Water _____

___ Size _____

___ Division of Horses _____

VI. Fencing

___ Type _____

___ Condition _____

___ Safety _____

VII. Facility

___ Barns _____

___ Stalls _____

Size: _____

Number: _____

Isolation/Quarantine Area: _____

____ Run-in Sheds _____

____ Living Quarters for Workers _____

____ Personnel Present at Facility at All Times _____

VII. Farrier

____ Regular Visits _____

____ Quality of Care _____

VIII. Horse Transportation

Please describe modes of transportation for horses available at this facility (van, truck trailer, etc.):

IX. Equipment Condition

____ Tack _____

____ Buckets _____

____ Brushes _____

____ Hoses _____

____ Hay Racks _____

X. Environment

___ Safety _____

___ Cleanliness _____

___ Bedding _____

___ Manure Removal _____

___ Fly Control _____

Additional Veterinary Comments:

Veterinarian: _____

Date: _____